

LOWELL FIRE DEPARTMENT

APPLICATION FOR BENEFITS

M.G.L. CH. 41, s.100 and s.111F

Date of Application_____

I, _____, Social Security
No. _____ a member of the Fire Department and residing
at _____, do hereby make
application to be indemnified for the following expenses incurred by me

on _____ while acting in the performance and within the
scope of my duties as a member of the Fire Department. I have been examined
by the City Physician in compliance with the request of the City Law Department.
I am submitting with this application the attached bills which I incurred as the
result of my injury.

Furthermore, I understand the City of Lowell shall be reimbursed for any
expenses made on my behalf in the event of a Third Party settlement.

AMOUNT

HOSPITAL: _____

PHYSICIAN: _____

PHARMACY: _____

OTHER: _____

TOTAL: _____

I, declare that the above statements are true under the pains and penalties of
perjury.

Signature _____

_____ Date